

The Liaison Social Work Role in Nursing Homes and Residential Settings: Guidance for Social Workers

Irish Association of Social Workers



Authors:

Sinead McGarry, Acute Hospitals

Kerry Cuskelly, Mental Health

Patrice Reilly, Older Persons Integrated Care/CNU Family Liaison

Aisling Coffey, HSE Older Persons Services

Niamh Finucane, Palliative Care

Ann O'Loughlin, Rehabilitation Services

Louise Casey, Palliative Care

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Foreword

The Irish Association of Social Workers (IASW) developed these practice guidelines for liaison social workers in nursing home and community settings in response to the distress, hardship and grief caused by the Covid-19 crisis. A similar model of practice is already used in hospital and palliative care settings and is adapted here for use in nursing homes and community residential settings to ensure equity in access to social work support for all people and families regardless of their location of care and death.

Covid-19 brings with it a fear of illness, isolation from familiar daily activity, fracturing of loving and trusted relationships, and for a significant number of our vulnerable population, illness and death. These experiences are highly distressing and these guidelines provide a practice approach which will allow liaison social workers to acknowledge and support people in their distress, in a way which serves to mitigate future grief and support a narrative reframe which will allow people to reflect upon their abilities and strengths, as well as their losses.

Health is delivered in a social context. HIQA (2019) cautioned that additional safeguards were required to protect people living in nursing homes. The IASW support this view and recognise that the experience of quality care varies across nursing homes and residential settings. Social workers advocate that the rights and needs of residents are recognised and addressed in the most holistic sense. Liaison social workers, by virtue of their training and code of ethics, have expertise in recognising, identifying and responding to safeguarding concerns, to ensure they are identified and managed promptly and in accordance with the HSE.

This model, therefore allows social workers to support the rights and responds to the needs of vulnerable residents and families within a national crisis, providing a consistent holistic service.

*Aine McGuirk, IASW Chair
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Our thanks also to Dr Sarah Donnelly, School of Social Policy, Social Work and Social Justice, University College, Dublin for her advice and guidance in developing this document.



Introduction

This guidance has been developed alongside the IASW document "*The Liaison Social Work Role in Nursing Homes and Residential Settings: A Model for Practice*".

This document provides practical guidance on the role of the liaison social worker in nursing home and residential care settings. Drawing on key messages from research and building on feedback received from liaison social workers who have been providing services in nursing home and residential care settings throughout the Covid-19 pandemic, this model provides clear guidance which supports the delivery of a comprehensive social work service to vulnerable adults and their families.

Importantly, this guidance reflects the feedback, queries and concerns expressed by residents and families to liaison Social Workers already in post, reflecting the IASW view that the learning from the lived experience of recipients of care and services must inform practice.

This guidance does not:

- Replace official public health guidance.
- Replace regulatory or employer guidance.
- Advise on how to manage statutory duties (adapted from BASW, 2020).

Key Readings:

- Guidelines for Bereavement Support by Specialist Palliative social workers in Ireland (Finucane et al, 2019) and Addendum (2020).
- Social Work with Families in Mental Health Settings (Cuskelly et al, 2020) for further reading.
- The National Palliative Care Social Work Competency Framework (HSE, 2014).
- The Palliative Care Needs Assessment (2016).
- Model of Palliative Care (HSE and RCPI, 2019).

Service Planning: Building on Existing Expertise

During Covid-19, many residential care settings may be affected by reduced staffing and other challenges. This may result in the absence or redeployment of staff who would usually provide end of life and bereavement support. New staff, unfamiliar with the setting, may be employed. Families and other visitors who often provide direct care and advocacy for the resident may have restricted visiting. All of these factors can reduce the quality of care available to vulnerable residents. Liaison social workers must understand what is currently available to residents, being aware that this level of support may change over time.

Key Functions of Liaison Social Work Role

- Responding to Psychosocial Needs.
- Provision of Communication Care.
- Supporting Residents in Rights and Needs.
- Supporting Families in Rights and Needs.
- Provision of Bereavement Support.

The Role of the Liaison Social Worker

The liaison social worker provides communication care, psychosocial, end of life and bereavement care, as needed, to residents and their families. Social workers support people in identifying what matters to them most, and then assists them in addressing those concerns through the provision of practical, emotional and social support. Social workers work systemically, recognising the importance of viewing the person in their environment.

Healthcare is delivered in a social context. HIQA (2019) reported that lack of effective safeguarding measures put residents of nursing homes at risk. People with an intellectual disability living in residential care settings in Ireland have been found to have little or no control over their own lives (Murphy and Bantry, 2020). Social workers recognise the impact of the environment on an individual, are keenly aware that care settings are not fixed, benign entities and recognise that at times, care settings can pose risk for those who live within them. By virtue of their training and understanding of human rights, liaison social workers are aware of the risks and possibilities of organisational abuse in nursing homes. Liaison social workers are skilled in identifying and reporting concerns and work closely with Safeguarding social workers in developing immediate safeguarding plans in accordance with the *Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures* (HSE, 2014). Social workers advocate for individuals and families to ensure that their rights are understood, respected and reflected in the work practices of the care setting.

Acting as a consistent point of contact between the residential care setting, individuals and families, the liaison social worker provides systemic assessment and intervention to residents in care settings who may have limited/no visits from family, including very unwell and dying individuals and to the bereaved relatives of those who die in care settings. It also includes the provision of support to residents distressed by death or infection rates in their community. The liaison social worker provides purposeful practical assistance as required to support emotional and social well-being. Key responsibilities of the role are outlined in Appendix A.

Figure 1: Framework for Liaison Social Work Role



Role Preparation

It is vital that in the first instance, social workers seek out and value existing expertise within the unit. Social workers must gain an understanding of how the nursing home or residential care settings currently responds to psychosocial care needs, communication care, end of life and bereavement care needs.

- Identify existing practices, skillsets, expertise (i.e. End of Life Doula training, Irish Hospice Foundation training, Ceol co-ordinators etc.) and knowledge within the care setting which supports good quality psychosocial care, communication care, end of life care and bereavement support. This includes evidence of pro-active, creative measures used to maintain a sense of connection for residents, evidence of advance care and end of life planning and consistent, accurate, practical bereavement information and support.
- Identify gaps in knowledge, unsafe or unhelpful practices or systems which impact upon the setting's ability to deliver quality communication, psychosocial, end of life and bereavement care.
- Map existing practice with care setting manager and agree areas where social work may be able to develop or enhance existing practices.
- People often have misconceptions of what social workers do. Provide education on the role of social work to ensure the full scope of the role is understood. In terms of staff education and due to restrictions preventing group education, the social worker should consider recording a brief education video which can be accessed by staff members. All leaders in the care setting should be fully informed on social work role. A similar video/written information/accessible communication resources should be prepared for residents and family members outlining the role of social work.

Supporting Communication Care

During an outbreak, usual communication mechanisms between families and the care setting may fail due to staff illness, redeployment or increased workload associated with infection control measures and care of unwell residents. The importance of communication in health and social care delivery is well evidenced (HSE, 2017; Scally, 2018). Positive experiences of communication can mitigate prolonged grief disorder (Kentish Barnes et al, 2015). Key messages from literature promotes the value of sensitive, timely and accurate communication as being helpful in mitigating grief (Selman et al, 2020; Wallace et al, 2020).

In the event of an outbreak of Covid-19, the liaison social worker advocates for the sharing of timely information to residents and family members at the earliest opportunity. This ensures accurate information is shared, promotes trust in the care setting and prevents the news from being shared from any other source (i.e. media, local rumours) while supporting death preparedness.

Residents or family members may have difficulty understanding written, visual or oral materials due to hearing impairment, sight loss, cognitive impairment or disability. At all times, in all aspects of the service delivery, the social worker seeks to communicate in a manner which maximises the potential of all residents and family members to understand and feel understood. External expertise, e.g. speech and language support may be required and should be requested when necessary.

The liaison social worker:

- Agrees a new communication pathway with care setting manager which allows social worker to act as a consistent point of contact and provide accurate, timely and sensitive communication to families, based on timely and accurate provision of information from care staff.
- Seeks any feedback received by unit around resident or family experience of communication during pandemic to date.
- Clarifies that information provided around visiting restrictions, end of life care (i.e. visits and use of touch) provided to residents and families is consistent with public health and agency guidelines.
- Ensures that all residents are informed about the outbreak in a sensitive manner and consent to plans to keep their family informed.
- Agrees all to contact all families of all residents to alert them of outbreak and associated risks for all residents in the care setting (see suggested wording in Appendix B).
- Agrees to contact the families of all residents who have or are suspected to have Covid-19 to provide a daily update. Mirroring the role of acute hospital social workers in the pandemic, the liaison social worker provides information, part of which includes a clinical update, based on information agreed with the treating team. The social worker only provides agreed clinical information and brings additional queries back to the treating team on behalf of the family.
- Prior to the daily call, the social worker seeks and share information on the resident's emotional, social, psychological and physical well-being from senior nurse on duty to share with family.
- The social worker records questions, and requests information from care staff. Where possible, follow up with an email of the discussion to families to provide a record of discussion, which can also be cc'd to the senior nurse manager and added to the resident's file. This enhances care staff's knowledge of ongoing communication with the resident's family.
- The daily call is an opportunity for the families to pass on messages to residents and receive support around their concerns. Some families may require additional calls and information, the social worker uses professional judgement and works in partnership with the family to establish how much contact is helpful.
- Families of seriously ill and dying residents will require frequent updates and support. It is vital that communication is accurate and timely, to mitigate some of the distress, particularly if visiting restrictions are in place.
- Communication methods such as conference calls and virtual care planning meetings can be used to facilitate meetings between the resident, family and care staff. This promotes a sense of support and connection for the resident and allows team members to provide a more comprehensive overview of their perception of the resident's physical, psychological, emotional and social well-being. Finucane and Murphy (2020) caution against assuming virtual communication will be appropriate for everyone.

Responding to Psychosocial Needs

Psychosocial assessment is a core social work role and is integral to the role of the liaison social worker. In this respect liaison social workers incorporate the following into their assessment process:

- Request collateral from relevant care staff regarding the resident's psychological, physical, emotional, spiritual well-being and cognitive status. Collateral should include information about what care staff perceive to be the person's understanding of their health status and if unwell, their prognosis, as well as the person's perceived vulnerabilities, resilience, risks or safeguarding concerns. Ask about any documented advance care plan (bearing in mind these wishes may change).
- Ensure that residents are supported to understand issues about their own care and optimise conditions which support the person's decision-making capacity, in accordance with the spirit of the Assisted Decision Making (Capacity) Act 2015 and UN Convention on the Rights of Persons with Disabilities. There is always a risk that people with disabilities, mental health difficulties, language barriers, or cognitive impairment may be excluded from participating in information and decisions about their own care. People have the right to information about their illness, treatment and care. This information must be shared in an accessible way which they can understand and which will allow them participate in decision making about their own lives (Reith and Payne, 2009).
- Explain the liaison role to the resident and seek the person's consent to work with them.
- Assess individual and family resilience, vulnerability, risks and supports.
- Explore coping with the emotional, social and practical changes to routine, connection and supports caused by Covid-19 restrictions, i.e. care staff using PPE, if family visits are restricted, lack of connection to community setting, etc.
- Recognise the person may have fears about becoming ill or dying, possibly without seeing their family. Give space for the expression and exploration of feelings and the person's sense of connection to loved ones. Systemically map the person's previous and current connections to people, places and the external community to understand the impact of the changes and to normalise feelings in light of such drastic changes in their support system.
- Develop a plan to address any specific needs in partnership with the person. Goals are set together, these may relate to seeking information from the team, or sharing fears with family, increasing options around emotional and social connection, seeking spiritual input, using Tools of Connection to feel less isolated (Appendix C), reframing narratives to enhance coping, seeking to develop an advance care plan, support with accessing information on legal/financial issues services, facilitating contact with solicitor, will writing etc.
- Share, with consent, relevant information with other team members to ensure that the person's wishes are reflected in the care plan.

Supporting Residents

A Covid-19 outbreak may bring a sense of uncertainty and fear to all residents living within the setting. The impact of illness and death is often obvious on the unwell and bereaved but residents who remain well may experience distress around visiting restrictions, lack of connection to their external community and have may have concerns about contracting Covid-19. They may experience grief due to the deaths of other residents or staff members and can be overwhelmed by the presence of new staff who may be supporting the care setting during an outbreak. They may also wish to review or begin an advance care plan.

Unwell residents may have additional concerns about their own mortality and hold genuine fears that they may never physically see loved ones again, due either to visiting restrictions or a family decision to not visit (often based on risk to health of other vulnerable family members). Residents may need support to consider how they wish to be supported to die, without the physical presence and comfort of family, yet feel connected and loved by them (see Appendix C for suggested process).

Considerations for Practice

Social workers work in accordance with public health guidelines in their direct work with residents. Frontline emotional and social support should be considered as essential to residents as supports to physical well-being. Where it is deemed safe to do so, face to face contact remains the preferred form of contact, however each liaison social worker must use their individual judgement on how to best work safely within each care setting.

At all times social workers are led by the resident and their current wishes if they are able to express them. If the resident is unable to express their wishes, previously expressed wishes and preferences documented in their care plans should be reviewed and consultation with families should take place.

- Support the resident in coping with these feelings i.e. supports open discussions with loved ones, supports previous and current resilience, agreed and regular communication, mindfulness and visualisation techniques (Appendix D) and use of connection tools arranges spiritual support and develops a plan which addresses their fears of possibly dying alone.
- Develop a plan to address any specific needs in partnership with the person. Goals are set together, it may relate to seeking information from team, or sharing fears with family, seeking support around symptom management, increasing options around emotional and social connection, seeking spiritual input, using tools of connection to feel less isolated, reframing narratives to enhance coping, seeking to develop an advance care plan, support with accessing information on legal/financial issues services, facilitating contact with solicitor, will writing etc.

- Residents may have a fear of dying without seeing their loved ones. It is important that they are supported in the expression of these fears and in considering how they can feel comforted and emotionally connected to their family while physically apart, through illness and at the point of death. Simply asking 'what matters to you most at the moment?' 'Is there anything that is worrying you/making you fearful?' allows the social worker to tune into the person's emotional world.
- Support the resident in coping with these feelings i.e. supports open discussions with loved ones, supports previous and current resilience, agreed and regular communication, mindfulness and visualisation techniques (Appendix D) and use of connection tools arranges spiritual support and develops a plan which addresses their fears of possibly dying alone.
- Develop a plan to address any specific needs in partnership with the person. Goals are set together, it may relate to seeking information from team, or sharing fears with family, seeking support around symptom management, increasing options around emotional and social connection, seeking spiritual input, using tools of connection to feel less isolated, reframing narratives to enhance coping, seeking to develop an advance care plan, support with accessing information on legal/financial issues services, facilitating contact with solicitor, will writing etc.

Building Practice Knowledge

The IASW has received feedback from liaison, hospital and hospice social workers on ways to creatively build relationships with individuals and families during Covid-19 restrictions. These include:

- Making an initial brief visit to introduce the social work role and build rapport. If wearing protective clothing, the social worker leaves a photo of themselves with the resident, with their name and role written underneath. The social worker assures the person that they will stay in regular contact, through visits, telephone, physical or virtual contact. If the person is interested in virtual contact, the social worker uses this visit to show them and trial the technology used in the care setting.
- The social worker makes regular window visits supplemented by telephone call for residents in ground floor accommodation. Medical social workers have reported to the IASW that some patients requested social workers visit wards to wave in from a safe distance. This allowed a sense of connection and meaningful rapport to be established. This connection forms the cornerstone of social work practice which is a relationship-based profession.
- In the event that a direct physical introductory visit is not possible, the social worker ensures that a care staff member familiar with the individual introduces the social work role and service to the resident. This may involve a discussion and facilitating/introducing the social worker in a telephone call/virtual assessment. A photograph of the social worker is provided to the resident with name and contact details attached.

Supporting Families

Family members may be experiencing partial or complete separation from the resident, dependent on the visiting restrictions in place or health issues within the family which may prevent visiting. Family members are not passive visitors in the life of a resident. They often provide practical assistance with care, advocate and generally monitor the quality of care provided to their loved one. Given the visiting restrictions imposed by Covid-19, the relationship between the family and care staff is vitally important if the family are to maintain trust and confidence in the provision of physical, social, emotional, psychological and practical care to their relative (Finucane and Murphy, 2020). The liaison social worker provides the consistent, sensitive, accurate communication which families value (Selman, 2020; O' Coimin, 2017) and if required the death preparedness which may mitigate future grief (Hovland and Kramer, 2019). Throughout social work contact, social workers support a family to develop resilience and reframe their narrative in a way that helps them focus on the support and love they can provide despite the challenges posed by Covid-19 (Finucane and Murphy, 2020).

Families frequently pay for additional costs associated with long term and residential care, i.e. laundry, mobile phone, physiotherapy, hairdresser, chiropody etc. Given the economic hardship experienced by many as a result of the pandemic, the liaison social worker works with families around financial pressures which may limit the ability of families to continue to fund these aspects of care.

Considerations for Practice

During a Covid-19 outbreak, the family may be distressed about their relative's heightened risk of death, given the uncertainty around the progression and outcome of the disease. The resident may be experiencing a parallel mixture of thoughts, emotions and feelings. The social worker facilitates open discussion between the resident and family, provides support and acknowledgement of the distress and anxiety experienced by everyone and as appropriate, supports emotional connection and honest reflection which is meaningful to both resident and family. This allows the resident and family opportunities to consider plans or conversations they may wish to have in advance of any possible deterioration in the health of the resident. This gives separated people a sense of control and connection and a plan on how the family and resident can remain emotionally connected, while physically apart, at point of death.

- The resident should be fully informed and in agreement with involvement of family. Facilitate family communication with resident present (via telehealth) as much as possible, unless the resident advises otherwise. If a resident lacks capacity to provide consent and in the absence of any safeguarding concerns which may require further assessment, the family should be recognised as advocates and consulted appropriately.
- If social distancing prohibits care meetings, consider using tele-health or conference call if family are open to this, it may allow more equal participation and also prevents one family member having sole responsibility for hearing and sharing information. Be aware of the added responsibility of any key communicator within a family unit, as they must provide sensitive and sometimes distressing news to other family members while physically apart.

- Explain role to the family and assure them that the social work service will provide a consistent point of contact for the duration of the person's illness/separation. Clarify if there are any vulnerable adult members or children within the family unit who may need additional support around understanding events.
- Through assessment, seek to learn the needs, resilience, vulnerabilities, risks, safeguarding concerns of the family unit, including previous experiences/influences of illness, loss and their response to grief.
- Develop a plan to address presenting needs (i.e. communication with team/resident /practical/sharing information with vulnerable family members/ practical assistance due to changed financial circumstances which may limit their ability to fund aspects of the resident's care etc.).
- Actively seek ways to support the family to remain involved and informed in the care of the resident. Map the previous ways family members supported the resident and seek to find creative ways to continue this support from a remote perspective (i.e. provision of information which family perceive to be important to know about resident's care, managing personal needs of person such as hairdressing or chiropody) that family may have managed in new way. Record family advice on the resident's preferences around this care.

End of Life Support

When possible, the social worker supports death preparedness conversations with the family of any resident exposed to the risk of contracting Covid-19 and facilitates open discussions between resident and family members, in advance of any deterioration in health.

A communication pathway should be established within the care setting, to ensure that when a resident is deemed to be near end of life, the senior nurse/doctor communicates this promptly and sensitively to the family, advises the family that the liaison social worker will be in contact with them and communicates the outcome of that conversation to the social worker.

The liaison social worker then contacts the family, clarifies their understanding of the information received from the senior nurse/doctor and provides support. The family may seek clarification on exact stage of end of life, i.e. how long their loved one has to live. The social worker should advise that this is an unknown, revisit the information provided to the family and assure the family that they will receive consistent updates. A communication plan should be agreed with the family.

The liaison social worker provides emotional support, normalises feelings, provides listening space and supports expression of feelings. If unable to visit due to health concerns or visiting restrictions, families may express high levels of distress. It is important that the social worker empathises but as Finucane and Murphy (2020) explain, the social worker can also support the family in reframing the narrative, by focusing on aspects of care and support they can deliver from a distance and recognising their ability to care and support their relative in the most difficult and painful of separations. This supports the family to develop a helpful narrative for the future.

The family may need assistance with practical or social supports. Families often have concerns in advance of the death of a loved one about very practical issues associated with death (funeral expenses etc.) The social worker assures the family that social work support remains available through the end of life and bereavement process.

Considerations when Working with Residents nearing End of Life

If the person is well enough, it is important to ascertain if a psychosocial assessment is possible. The abilities of people in the final stages of their life can be underestimated. All individuals if they are well enough and wish to do so, should be offered the opportunity to participate in end of life care planning. This process should be clearly documented, indicating the reasons end of life psychosocial care was not provided, if applicable.

If it is not possible or appropriate for a social worker to provide direct assessment, staff known to the resident and family members in regular contact can be provided with social work support around having open conversations, being mindful to the cues of the person, to ensure the person's wishes and thoughts are represented in their end of life care.

The person may have 'unfinished business' to attend to, which may relate to anything in their life they may wish to address or complete prior to death. Social workers facilitate discussion around these wishes and help the person if required to fulfil them while they are well enough to do so. The social worker shares, with consent, relevant information with other team members to ensure that the person's wishes are reflected in the care plan. Local specialist palliative care teams may review the resident on the request of a G.P. If the specialist palliative care team is involved, the liaison social worker consults with them.

Connecting Dying Residents and Families through Visits

Liaison Social workers advocate to ensure that all efforts should be made to facilitate visits by family members. Decisions to refuse family visits should be reviewed regularly, in line with public health advice.

If visiting is permitted, family members should be made aware of infection transmission risks and give support to use protective clothing. Wearing protective clothing may feel daunting for the family. This should be normalised and advice on how to connect through PPE should be given. Family members may be able to provide some comfort through touch, e.g. rub person's hands and feet. They may wish to bring sentimental, personal or spiritual belongings to share with the person and provide comfort.

The social worker ensures the unit manager has clear guidance and information available to the family around safe use of touch.

Connecting Dying Relatives and Families when Visiting is not Possible

Families may not be permitted to visit or may choose not to visit, based on their own health concerns. If the family cannot visit, they may wish to nominate someone else who is known and loved by the dying person and may be able to visit to provide comfort and support. If visiting is not permitted, families may frequently ask about visiting

and communicating with their loved one. The social worker may use Family View on Residents End of Life Wishes template (see Appendix E) to talk through multiple communication options available to facilitate the resident and family at this time.

Where possible, the resident should be accommodated on the ground floor or have balcony access to facilitate window visits by family. The window visit can be supplemented with telephone contact.

Telephone and video calls between resident and family member should be facilitated. The resident may also need technical support if using an unfamiliar device to communicate via video call. Such calls may be emotive and the resident may prefer privacy or support from the social worker or care staff during the call. The social worker consults with both parties (where possible) in order to support this process. The resident may need space or emotional support at the end of this call.

The social worker may hold a virtual meeting with the resident and family. This provides an opportunity to support open communication around distress, make a plan, give control and a sense of connection.

Considerations when the Resident cannot communicate wishes

In the event that the resident has not and is unable to communicate wishes and preferences about their end of life care, the social worker seeks guidance from the family. The social worker acknowledges that prior to the pandemic, families were able to spend long periods of time, providing end of life care and comfort to their loved one.

The social worker explains that in an attempt to soothe a small fraction of the distress the resident and family may feel at being separated at this time, the care team will try their best to do what they, as a family, would do. This approach may help families and individuals feel emotionally connected, while physically apart.

The social worker guides discussion using the Family View on Resident's End of Life Wishes template. Families may have other suggestions of their own, and social workers acknowledge the resident and their family as the experts in this matter. However, liaison social workers currently in practice advise that families often seek the guidance from the social worker as to what can actually be facilitated within the residential care setting given the extraordinary circumstances surrounding Covid-19.

The social worker ensures that wishes contained within the document are actioned, by i.e. sourcing music, contacting a priest, placing a wedding photograph close to the resident, etc. The social worker also hands over the information contained within the document to the senior nurse on duty ensuring that the documented wishes within can continue to be facilitated at this time. The social worker relays this to all staff so they can try to provide this comfort during all tasks with the resident.

Family may ask about the rationale of communicating by phone with a resident who is unconscious. The social worker explains that this can be a family opportunity to say some comforting words to the resident and tell the resident how much they are loved.

Some families have referenced the residents hearing deficits at end of life. The social worker advises the senior nurse of these concerns to ensure that hearing aids are being

worn correctly where applicable, that device being used is at maximum volume or placed on speaker where possible in these circumstances.

Care staff should ensure that someone is present with dying person in their final hours. Documentation should be carefully maintained to give families a clear understanding of their relative's condition in the hours leading to death, including any signs of awareness, needs (i.e. food or water), expressions of emotion, utterances etc. The death of a person forms part of a wider family narrative and it is essential that they are provided with an account of the final hours of their loved one.

Providing Bereavement Support

Some bereaved families may have had an opportunity to spend time with their relative prior to death; others may have been separated for many weeks before their loved one died. In cases of suspected Covid-19, regulations at the time of writing do not allow for the viewing of the remains.

This can make it difficult for families to understand or accept the loss. Families must come to terms with their loss, while navigating new grief rituals and planning a funeral without access to their usual supports.

Depending on the needs of the family, the social worker may provide ongoing support to them in the weeks and months following death around a range of concerns. Families frequently need very practical support around applications to social welfare (widow/ers pension), addressing financial concerns, engaging with probate office in absence of a will, liaising with undertakers and solicitors etc. On-going emotional support around their adjustment to life without their loved one is provided - this continuity of care allows the social worker refer, with consent, vulnerable family members who would benefit from to additional psychological or mental health support.

Families may benefit from a Review of Care Meeting with staff from the residential care setting to address any concerns or questions they may have had about the care of their loved one. Social workers arrange and chair these meetings, inviting participants, supporting the family to write and submit their questions in advance, and supporting communication in the meeting.

Social worker Alerted to the Death of a Resident

The social worker is alerted by the nurse / doctor to the death of a resident and agrees to liaise with the family to provide support.

Social worker Contacts the Family

The social worker contacts the family to express their sympathies and enquires if they can be of assistance. At this stage, the social worker advises the family that social work service will continue to be available to provide support in the early stages of bereavement around practical, emotional or social supports.

Families may have questions regarding post mortem procedures (if relevant) and funeral processes during Covid-19 times. The social worker provides any available accurate information and assures the family that while the public health guidance is continually

being updated their undertaker of choice will be up to date with current guidance and practice.

The social worker enquires if the resident had wished for a burial or cremation at this time. If a cremation was the will and preference of the resident, the social worker requests a doctor completes the relevant paperwork.

If the family are unable to view the remains, the social worker asks if they would like to provide any sentimental items (i.e. photos/messages) to place with the remains of their loved one, or if they would like to have a lock of hair/handprint/photograph of the deceased person taken.

Liaison with Undertaker if Deceased had diagnosed or suspected case of Covid-19

The social worker asks the family if they may contact the undertakers. The social worker explains to the family that there may be certain questions the undertaker will have about the site and facilities and the social worker wishes to spare the family having to navigate these matters at this difficult time.

Liaison with Undertakers

If permission is granted, the social worker contacts the undertakers of choice.

The social worker explains the following to the undertaker:

- Covid-19 status of the deceased.
- Confirms the materials and facilities that the residential care setting has or does not have onsite for caring for the deceased.
- Confirms whether undertakers need to attend the site with their own PPE and relevant materials.

The social worker seeks a prompt visit from the undertakers in order to preserve the integrity of the deceased and advises the ward and family of likely undertaker's arrival time. Depending on local unit policy, the social work may escort the undertaker on and off site.

Family Retrieval of Possessions and Death Notification Form

The return of possessions must be completed with sensitivity and compassion. The social worker follows up with family in relation to the late resident's possessions and enquires if the family wishes to collect them, have them stored temporarily, or delivered to their home. Some family members may themselves be cocooning and may be unable to safely collect or store possessions. The social worker records family wishes on relevant template and places this on file (see Appendix F).

If the family are collecting their loved one's possessions, the social worker meets them personally and gives them the death notification form and written instructions on how to register a death during Covid-19. If the family opt for delivery of their loved ones possessions, the social worker will arrange for transport and porter services and will ask relevant colleagues to provide death notification form.

Emotional Support following Bereavement

- Support family in processing death, particularly if they were not present for the death.
- Active listening/gentle reflection as family share narrative of the loss. It is important to normalise feelings and reactions and support the family in framing a helpful narrative for the future.
- Support family in explaining news to vulnerable adults and/or children.
- Support family around fears of further loss within family due to Covid-19.
- Crisis intervention should be used if bereavement is overwhelming, support focused on restoring a sense of emotional equilibrium and ability to cope.
- In the rare circumstance that someone presents as utterly overwhelmed and unable to cope despite interventions and existing supports, immediate referral for specialist support is warranted (G.P. psychiatry or psychology depending on local arrangements).
- In the event that family cannot view the remains of their loved one, the social worker supports them in decision making regarding whether they would like to see a photo of the deceased or have a handprint/lock of hair, or add messages, photos, personal items in coffin.
- Provide support around concerns that their relative's death has not been appropriately marked. Discuss options to remember person now and at a later date.
- Families can be encouraged to use new ways of maintaining contact to draw upon supports which may be usually available throughout the immediate bereavement period. They may wish to use an online memorial page, or connect with friends and neighbours, asking them to light a candle at a particular time, wear a colour/play a song/read a poem at an agreed time and think of the person etc. Families may wish to place an advertisement in the paper or use Rip.ie condolences page to make others aware of the death.
- Family members may need support on how to care for each other.
- Isolated people cocooning or with low level of supports should receive more regular contact, with a view to providing support and when ready, offering to link them in with accessible community supports.

Practical Support following Bereavement

- In the event that the deceased person does not have next of kin, the social worker must make all efforts to seek information about whereabouts of family, in Ireland and abroad via the Gardaí and Interpol. In the event that family cannot be located, the social worker will arrange a funeral with support of the community welfare officer, local authority and member of the deceased's religious faith (if religion is known). The person should be buried, and a record of the efforts to locate family and details of funeral must be kept in the event that family are located at later stage. Family, if located, may wish to repatriate the remains at a later stage.
- Provide information on post-mortem, organ retention and new funeral regulations as relevant.
- Provide letters and information packs with information relevant to bereavement (i.e. IHF booklets, list of podcasts, online and local supports etc).
- Arrange the sensitive return of belongings.
- Assistance with form filling – for community welfare officers, solicitors, probate office, pension office, widow/ers pension applications, death notification form application in writing.
- Support families with practical queries and concerns they may have in relation to the care they received.

Social Support following Bereavement

- In some cases, apply online for death certificate on behalf of family.
- Liaise with undertaker, coroner, treating team, solicitors, etc. as needed.
- Write advocacy letters to funding bodies for financial support re funeral as needed.
- Assist person to link in with relevant social welfare service (i.e. pension/carers allowance etc).
- Assist person navigate social systems (employer/state agencies/health services) to notify of death. This may be challenging due to restricted opening hours of some services.
- Coordinate response of voluntary services, ensuring that marginalised people can access available services.
- Refer to formal social supports.
- Arrange review of care meetings.

Glossary of Terms

Psychosocial Approach: 'A way to engage with and analyse a situation, build an intervention, and provide a response, taking into account both psychological and social elements, as well as their interrelation' (Bray and Rakotomalala, 2012, pg. 7).

Residential Settings: Any setting where a person is residing for a permanent or finite length of time on the basis of their care needs.

Nursing Homes: A residential setting which is specifically designed to provide long term care for older people. In Ireland, nursing homes frequently accommodate younger adults with disabilities due to a lack of appropriate care settings for this population.

Palliative Care: As defined by the World Health Organisation (2002, p. 84) "Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

Bereavement Care: The emotional, practical and social support provided to the bereaved.

Family: Defined in the broadest sense to include anyone the person considers part of their personal support system.

Review of Care Meetings: Meetings arranged, co-ordinated and chaired by social workers, which facilitate a review of care provided to an individual, attended by family members and relevant clinicians.

Appendix A

Key Responsibilities of the Liaison Social Worker

- Acts as key communication point between individuals, families and care setting to ensure that individuals and families are provided with appropriate, sensitive, timely and accurate communication and support, despite increased work pressures associated with Covid_19 outbreaks within the care setting.
- Supports individuals and families to ensure their rights and needs are respected and addressed within the care setting, including their right to protection from physical, sexual, financial, emotional abuse and neglect, in accordance with national policy (HSE, 2014)
- Works to support best practice responses in the care setting in terms of the delivery of communication care, psychosocial care, palliative and bereavement support.
- Provides psychosocial support to unwell individuals separated from families or with very limited contact with families and to well residents distressed by death or infection rates within their community.
- Facilitates supported communication between individual and others (i.e. family, treating team/other) and ensures that emotional support is provided after communication to both individual and family member if required.
- Facilitates communication between family and others (i.e. with individual, treating team, staff members, relevant agencies).
- Responds to emotional/practical/spiritual/physical needs identified during assessment, paying attention to the vulnerabilities, risks, resilience of person and family.
- Provides palliative social work support to all dying patients, some of whom may be separated from their families.
- Provides timely information and emotional support around changing circumstances, paying attention to the need to support individuals and families to prepare for death if required to do so.
- Provides emotional, practical and social support to bereaved families as required and referring and integrating them into relevant support services.
- Ensures that families have access to support around requesting, arranging and attending a Review of Care Meeting.
- Provides education to other professionals as required. Contribution to local policies, building upon existing resources and skillsets.
- Ensures that the psychosocial, grief and loss needs of other residents are identified and supported.
- In all cases, making appropriate referrals to additional services as required.

Appendix B

Record of Social Work Telephone Call Made to Family Member

| | |
|------------------------------|--|
| Resident Name | |
| Resident's Ward | |
| Day and Date | |
| Time | |
| social worker | |
| Name of person spoken to | |
| Relationship to the Resident | |
| Phone No | |

Sample wording and recording form when notifying family of outbreak of Covid-19 in Care Setting

- Explain that Covid-19 is highly contagious.
- Explain the unpredictable nature of Covid-19.
- Explain that Covid-19 affects those who are older, frailer and with underlying health conditions quite severely.
- State that we will care for their relative as best as we could, as we always do.
- States that while we hope for the best for their relative, some families also wish to have the opportunity to plan and prepare for the worst.
- States that we hope we will be talking in a year's time and looking back on this conversation as having been an unnecessary call, but that some families found it helpful to allow time to prepare for what might be a difficult time ahead and consider what their loved one would have wanted at end of life in these circumstances.

Other matters discussed:

INSERT NAME

social worker

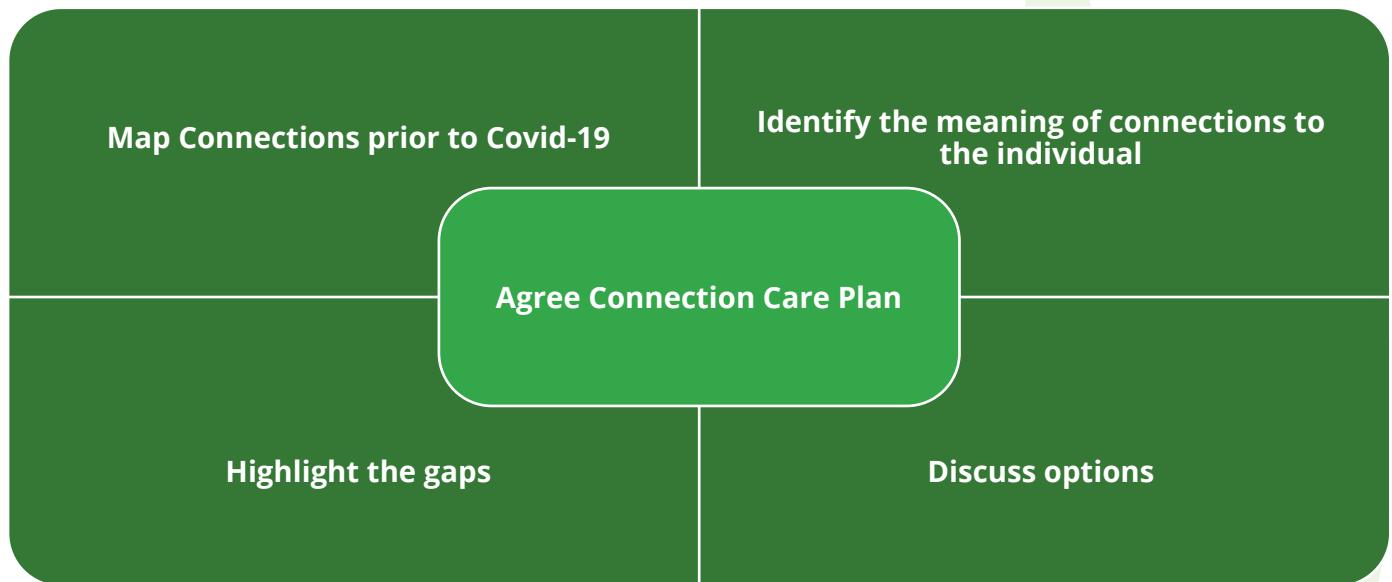
CORU Reg. No:

Appendix C

Tools of Connection

A simple mapping exercise will aid the social worker to understand the meaning of connections in the person's life and provide support around this as seen in Figure 2.

Figure 2: A connection care plan



Map all existing connections in person's life

- Identify key people who visited the person – this may include family members, friends, professionals (advocates/solicitors/own G.P.), spiritual support, hairdressers, chiropodists etc. All family and friends.
- All others – spiritual support/advocate/professional (own G.P., solicitor, private)/personal care (i.e. hairdresser)
- All people who call regularly.
- All social activities/community interests attended by person.
- Visits to family.
- Favourite places to visit.
- Connections with pets.

How often did the person leave the care setting? Where did they go?

Identify the Meaning of Connections

Seek to understand the person's relationship with the person and places.

Get a sense of how each relationship/connection enriches the person's life.

What matters to you most? What do you miss most? If you are worried about something now, who would you most like to see to discuss it?

Highlight the Gaps

Explore what is absent now in terms of practical, emotional and social supports. Review impact on person's overall well-being. This process in itself acknowledges the change the person is experiencing and provides an opportunity for staff to normalise their distress. 'Look how much has changed so quickly for you, no wonder you said you are feeling down...'

Plan the Tasks of Connection During Times of Separation

Tools of connection recognise the centrality of human relationships in the lives of residents.

Direct Tools of Connection

- Direct family visits if permitted, with use of PPE.
- Opportunity to make daily phone & video calls.
- Window visits (some units may be able to facilitate visit of much-loved pet via window visits) Consider all options to provide safe physical connection, in line with public health requirements, i.e. garden visits, use of Perspex screen for safe indoor visiting etc. Some units may be able to facilitate outdoor visits from much loved pets.
-

Indirect Tools of Connection

- Family and friends are encouraged to send:
- Video and audio messages which person can play in their own time (i.e. via WhatsApp/ social networks).
- Letters, cards, care packs (with person's favourite items, magazines, snacks etc.), emails, artwork from children. Encourage families to ask people in the wider community to write and connect with the person.
- Photographs – recent, and from throughout the person's life time.
- Favourite books, scents, music, sentimental or spiritual items from home.
- Local newspapers/parish or community newsletters.
- These all give the person tangible things to hold or look through when feeling lonely or disconnected.
- Support the person in making video or phone calls if required, the person may need some comfort and support after the call. Alternatively, they may enjoy sharing news.

The resident should be facilitated, with support if required, to write and send cards, letters and emails, to family, friends and people from their local community.

Prompt discussion about family and home and follow the person's cues on whether they wish to discuss this further.

The person may be happy to view photo albums with social worker or care staff. This can be a powerful way to allow someone reminiscence therapy about happy memories and feel connected to home.

Connection Tools: when residents are separated from families and fear dying alone

Measures to support the resident in managing these feelings include:

- Supporting sharing of feelings and fears with loved ones.
- Promoting a sense of connection through agreed and regular communication.
- Mindfulness and visualisation techniques (see Beyond the Door Visualisation).
- Spiritual support, if desired.
- Developing a plan which addresses fears of dying alone. This may include facilitating open discussions with family and resident and agreeing a plan around how to feel connected if physically separated at point of death, agreeing with the resident that their family are contacted when resident is at end of life, to speak with resident over the phone, that the family are asked to leave words of comfort to read to the resident, that sentimental and meaningful personal items, i.e. spiritual/religious items, precious photographs or letters are placed in the resident's hand/near heart at end of life, religious rites are performed if requested or anything else suggested by resident.
- Seek suggestions from family as to what might help and ensure family are aware of tools of connection. Ensure the family are aware that care staff will do everything they can to promote a sense of connection.

Appendix D

Beyond the Door Visualisation

This a simple technique to share with family members and staff to help the person feeling connected to those they love and the wider community.

People can feel very lonely in isolation. It is very important to remind your loved one, that while you cannot be physically present, you remain as connected to them as ever. It can be powerful to talk through the simple visualisation below with the person over the phone to help them deal with the isolation.

The 'Beyond the Door' visualisation is a simple technique:

- Over the phone, ask the person to look toward the door of the room, or the curtain of their cubicle.
- Ask the person to focus on slowing their breathing (if they are able to do so)
- 'Beyond that door, not too far away, I am here, thinking about you, sending you all my/ our love. Just beyond that door, you should be able to feel it from where you are, you are not alone.' You may prefer to find your own words to help the patient visualise the love and connection in their life.
- Hospital staff can also prompt patients in isolation to remember that 'beyond that door, everyone you live is thinking about you and sending you love.' This is a simple but effective technique that hospital staff and family members can use together to help the person feel connected to those outside, at a time when they cannot physically be with them.

Appendix E

Family View on Residents End of Life Wishes

| Issue Discussed with Family | Outcome |
|--|---|
| Any possessions of significance that their relative would want with them at end of life, both before and after they pass, e.g., rosary beads, photographs, etc | |
| Resident: Family Member (s) spoken to: Social Worker Speaking to Family: | Ward: Phone No: Doctor who spoke with Family: |
| Date: | |
| Any words that the family feel their relative would find comforting that our nursing and HCA colleagues can say to the resident | |
| Whether the relative wished to have prayers, music, pastoral support, etc at this time | |
| Any jewellery that the family wish to have removed <u>after death</u> and placed in safekeeping for collection at a later date | |
| Family wishes in relation to <u>in-room visiting</u> : | |
| Risk tax completed by Social Worker: | |
| Confirmed with family that: | |
| <ul style="list-style-type: none"> ✓ they have no symptoms of COVID 19 ✓ they are not a close contact of someone with suspect or confirmed COVID 19 ✓ there is a risk of them contracting COVID 19 by visiting the ward ✓ the is a risk to their household of transmitting the virus ✓ they will need to self monitor for 14 days • Visiting procedure explained: one relative, hand washing, PPE, short period in the room. | |
| If visit is not pursued, other communication options can be explored such as: | |
| <ol style="list-style-type: none"> (1) facilitating a telephone call (using residents own mobile or asking family to bring a mobile to the ward) (2) skype call (similarly asking family to set up the call and volunteer a phone) (3) viewing their loved one through a window on the ground floor or at balcony if possible on top floor (please ensure we are aware of residents location on ward) (4) letters or cards from family members including grandchildren that will be placed close to the residents heart (5) any other options put forth by family | |
| Other Requests | |

Appendix F

Retrieval of Resident Possessions and Collection of Death Certificate

| | |
|---|--|
| Resident Name and MRN | |
| Resident's Ward | |
| Date of Death | |
| Family Member Contacted | |
| Telephone Number | |
| Address | |
| Date of Contact | |
| Possessions the Family Wish to retrieve | |
| Any Specific Instructions regarding Possessions | |
| Date Possessions Collected | |
| Name of Person who collected possessions | |
| Date Death Certificate Collected | |
| By Whom | |

INSERT NAME

social worker

CORU Reg. No:

Bibliography

- CORU Regulating Health and Social Care Professionals, (2019), social workers *Registration Board Code of Professional Conduct and Ethics*, Dublin: CORU.
- Cuskelly, K., Campbell, J., McKenna, S. and Guckian, P., (2020), Social Work with Families in Mental Health Settings: A Position Paper. Dublin: Irish Association of social workers, online: <https://www.iasw.ie/download/718/64898-NSWOI-A4%20booklet%20Social%20Work%20with%20Families-WEB.pdf>, [accessed: May 19th 2020].
- Finucane, N. and Murphy, I., (2020), *Guidance for Bereavement Support provided by Specialist Palliative Care social workers in Ireland Addendum – The Impact of Covid-19*. Dublin: IASW.
- Finucane, N., Murphy, I., D'Arcy, A., McGinley, E., Mulvihill, A., O'Reilly, M. and Roulston, A., (2019), *Guidelines for Bereavement Support provided by Specialist Palliative Care social workers in Ireland*. Dublin: Hospice and Palliative Care social workers Group.
- Government of Ireland, (2015), *Assisted Decision- Making (Capacity) Act*, online: [accessed: May 19th 2020].
- Health Service Executive (2014), *Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures*, online: [accessed: May 19th 2020].
- Health Service Executive and Royal College of Physicians in Ireland, (2019), *Adult Palliative Care Services Model of Care for Ireland*. Dublin: National Clinical Programme for Palliative Care.
- Health Service Executive, (2016), *Palliative Care Needs Assessment Guidance, National Clinical Programme for Palliative Care*. Dublin: Clinical Strategy and Programmes Division.
- Health Service Executive, (2017), *HSE Maternity Clinical Complaints Review, Final Report*. Dublin: HSE.
- HIQA (2019) *Overview Report on the Regulation of Designated Centres for Older Persons 2018*. Retrieved online: <https://www.hiqa.ie/reports-and-publications/key-reports-and-investigations/overview-report-regulation-designated>.
- HIQA (2019) *Overview Report on the Regulation of Designated Centres for Older Persons 2018*, online: <https://www.hiqa.ie/reports-and-publications/key-reports-and-investigations/overview-report-regulation-designated>, [accessed: May 19th 2020].
- Hovland, C. and Kramer, B., (2019), Barriers and Facilitators to Preparedness for Death: Experiences of Family Caregivers of Elders with Dementia. *Journal of Social Work in End-of-Life and Palliative Care*, Vol. 15 (1), 55-74, online: <https://doi.org/10.1016/j.jpainsymman.2020.05.012>.
- Kentish-Barnes, N., Chaize, M., Seegers, V., et al (2015). Complicated grief after death of a relative in the intensive care unit. *European Respiratory Journal*, Vol 45(5): p.p.1341-1352, online: doi:10.1183/09031936.00160014.
- Kentish-Barnes, N., Chaize, M., Seegers, V., (2015), Complicated grief after death of a relative in the intensive care unit in *European Respiratory Journal*, 45(5), pp. 1341-1352, online: doi:10.1183/09031936.00160014.
- Murphy, K. and Bantry-White, E., (2020), Behind Closed Doors, Human Rights in Residential Care for People with an Intellectual Disability in Ireland in *Disability and Society*, online; doi: [10.1080/09687599.2020.1768052](https://doi.org/10.1080/09687599.2020.1768052).

Ó Coimín D., Korn B., Prizeman G., Donnelly S., Hynes G., Curran M. and Codd M., (2017), *Survey of Bereaved Relatives: VOICES Majam*. Dublin: Mater Misericordiae University Hospital and St. James's Hospital.

'O Shea E., Murphy K., Larkin P., Payne S., Froggatt K., Casey D., Ni Leime, A. and Keys M., (2008), *End of Life Care for Older People in Acute and Long Stay Care Settings in Ireland*. Galway: National University of Ireland.

Reith, M. and Payne, M., (2009), *Social Work in End of Life and Palliative Care*. Bristol: The Policy Press.

Ryan K., Connolly M., Charnley K., Ainscough A., Crinion J., Hayden C., Keegan O., Larkin P., Lynch M., McEvoy D., McQuillan R., O'Donoghue L., O'Hanlon M., Reaper Reynolds S., Regan J., Rowe D., and Wynne M., (2014), *Palliative Care Competence Framework*. Dublin: Health Service Executive.

Scally, G., (2018), *Scoping Inquiry into the Cervical Check Screening Programme*. Dublin: Department of Health.

Selman L., Chao D., Sowden R., Marshall S., Chamberlain C. and Koffman J., (2020), Bereavement support on the frontline of Covid-19: *Recommendations for hospital clinicians*. *Journal of Pain and Symptom Management*, online: doi: <https://doi.org/10.1016/j.jpainsympman.2020.04.024>.

United Nations, (2007), *Convention on the Rights of Persons with Disabilities*, online: [accessed: May 19th 2020].

Wallace, C. L., Wladkowski, S. P., Gibson, A. and White, P., (2020), Grief during the Covid-19 Pandemic: Considerations for Palliative Care Providers. *Journal of pain and symptom management*, online: <https://doi.org/10.1016/j.jpainsympman.2020.04.012>, [accessed: April 26th 2020].

